

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference (if desired) (12 characters maximum)	Georgia 428

Box No. I TITLE OF INVENTION

Centre-Feed Roll And Production Methods Thereof

Box No. II APPLICANT

This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

GEORGIA-PACIFIC FRANCE

11 Route Industrielle
68320 KUNHEIM
France

Telephone No.

Faximile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

MALECOT Yves-Michel
46, rue du Val Saint-Martin
27110 CROSVILLE LA VIEILLE
France
.....

This person is:

applicant only

applicant and inventor

inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of:

Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

agent

common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

BLOCK & ASSOCIES
2 Square de l'Avenue du Bois
75116 PARIS
France

Telephone No.

33 (0) 1 45 00 48 48

Faximile No.

33 (0) 1 40 67 95 67

Teleprinter No.

Agent's registration No. with the Office

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

BEST AVAILABLE COPY

Sheet No.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

HUNGLER Joel
15, rue des Longs Champs
27600 AILLY
France

This person is:

applicant only
 applicant and inventor
 inventor only (if this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FR

State (that is, country) of residence:

FR

This person is applicant all designated all designated States except for the purposes of: States the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (if this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except for the purposes of: States the United States of America the United States of America only the States indicated in the Supplemental Box

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This person is:

applicant only
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State (that is, country) of residence:

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This person is:

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State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant all designated all designated States except for the purposes of: States the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box V Designation of States Check appropriated box; at least one has to be checked

The following designations are in accordance with rule 4.9(a):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambie, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe and any other State that is a contractual State of the Protocol of Harare and of PCT (if any other form of protection or of treatment is desired, describe on the dotted line).....

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kirghizstan, KZ Kazakhstan, MD Republic of Moldova, RU Federation of Russia, TJ Tadzhikistan, TM Turkmenistan and any other State that is a contractual State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL The Netherlands, PT Portugal, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey and any other State that is a contractual State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CY Ivory Coast, CM Cameron, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Nigeria, SN Senegal, TD Chad, TG Togo and any other State that is a State member of OAPI and a contractual State of the PCT (if any other form of protection or of treatment is desired, describe on the dotted line).....

National Patent (if any other form of protection or of treatment is desired, describe on the dotted line):

<input checked="" type="checkbox"/> AE United Arab Emirates	<input checked="" type="checkbox"/> GM Gambia	<input checked="" type="checkbox"/> NZ New Zealand
<input checked="" type="checkbox"/> AG Antigua-et-Barbuda	<input checked="" type="checkbox"/> HR Croatia	<input checked="" type="checkbox"/> OM Oman
<input checked="" type="checkbox"/> AL Albania	<input checked="" type="checkbox"/> HU Hungary	<input checked="" type="checkbox"/> PH Philippines
<input checked="" type="checkbox"/> AM Armenia	<input checked="" type="checkbox"/> ID Indonesia	<input checked="" type="checkbox"/> PL Poland
<input checked="" type="checkbox"/> AT Austria	<input checked="" type="checkbox"/> IL Israel	<input checked="" type="checkbox"/> PT Portugal
<input checked="" type="checkbox"/> AU Australia	<input checked="" type="checkbox"/> IN India	<input checked="" type="checkbox"/> RO Romania
<input checked="" type="checkbox"/> AZ Azerbaijan	<input checked="" type="checkbox"/> IS Iceland	<input checked="" type="checkbox"/> RU Russian Federation
<input checked="" type="checkbox"/> BA Bosnie-Herzégovine	<input checked="" type="checkbox"/> JP Japan	
<input checked="" type="checkbox"/> BB Barbados	<input checked="" type="checkbox"/> KE Kenya	<input checked="" type="checkbox"/> SC Seychelles
<input checked="" type="checkbox"/> BG Bulgaria	<input checked="" type="checkbox"/> KG Kyrgyzstan	<input checked="" type="checkbox"/> SD Sudan
<input checked="" type="checkbox"/> BR Brazil	<input checked="" type="checkbox"/> KP Democratic People's Republic of Korea	<input checked="" type="checkbox"/> SE Sweden
<input checked="" type="checkbox"/> BY Belarus	<input checked="" type="checkbox"/> KR Republic of Korea	<input checked="" type="checkbox"/> SG Singapor
<input checked="" type="checkbox"/> BZ Belize	<input checked="" type="checkbox"/> KZ Kazakhstan	<input checked="" type="checkbox"/> SK Slovakia
<input checked="" type="checkbox"/> CA Canada	<input checked="" type="checkbox"/> LC Sainte-Lucia	<input checked="" type="checkbox"/> SL Sierra Leone
<input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein	<input checked="" type="checkbox"/> LC Sainte-Lucia	<input checked="" type="checkbox"/> TJ Tadzhikistan
<input checked="" type="checkbox"/> CN China	<input checked="" type="checkbox"/> LK Sri Lanka	<input checked="" type="checkbox"/> TM Turkmenistan
<input checked="" type="checkbox"/> CO Columbia	<input checked="" type="checkbox"/> LR Liberia	<input checked="" type="checkbox"/> TN Tunisia
<input checked="" type="checkbox"/> CR Costa Rica	<input checked="" type="checkbox"/> LS Lesotho	<input checked="" type="checkbox"/> TR Turkey
<input checked="" type="checkbox"/> CU Cuba	<input checked="" type="checkbox"/> LT Lithuania	<input checked="" type="checkbox"/> TT Trinidad and Tobago
<input checked="" type="checkbox"/> CZ Czech Republic	<input checked="" type="checkbox"/> LU Luxembourg	<input checked="" type="checkbox"/> TZ United Republic of Tanzania
<input checked="" type="checkbox"/> DE Germany	<input checked="" type="checkbox"/> LV Latvia	<input checked="" type="checkbox"/> UA Ukraine
<input checked="" type="checkbox"/> DK Denmark	<input checked="" type="checkbox"/> MA Morocco	<input checked="" type="checkbox"/> UG Uganda
<input checked="" type="checkbox"/> DM Dominic	<input checked="" type="checkbox"/> MD Republic of Moldova	<input checked="" type="checkbox"/> US United States of America
<input checked="" type="checkbox"/> DZ Algeria		
<input checked="" type="checkbox"/> EC Equator	<input checked="" type="checkbox"/> MG Madagascar	<input checked="" type="checkbox"/> UZ Uzbekistan
<input checked="" type="checkbox"/> EE Estonia	<input checked="" type="checkbox"/> MK Former Yugoslav Republic of Macedonia	<input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines
<input checked="" type="checkbox"/> ES Spain	<input checked="" type="checkbox"/> MN Mongolia	<input checked="" type="checkbox"/> VN Viet Nam
<input checked="" type="checkbox"/> FI Finland	<input checked="" type="checkbox"/> MW Malawi	<input checked="" type="checkbox"/> YU Yugoslavia
<input checked="" type="checkbox"/> GB United Kingdom	<input checked="" type="checkbox"/> MX Mexico	<input checked="" type="checkbox"/> ZA South Africa
<input checked="" type="checkbox"/> GD Granada	<input checked="" type="checkbox"/> MZ Mozambique	<input checked="" type="checkbox"/> ZM Zambia
<input checked="" type="checkbox"/> GE Georgia	<input checked="" type="checkbox"/> NO Norway	<input checked="" type="checkbox"/> ZW Zimbabwe
<input checked="" type="checkbox"/> GH Ghana		

The boxes below are reserved for the designation of States that have become part of the PCT after the publication of the current sheet:

<input checked="" type="checkbox"/> NI Nicaragua	<input checked="" type="checkbox"/> SY Syria	<input type="checkbox"/>
<input checked="" type="checkbox"/> PG Papua	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Declaration regarding the precautionary designation: other than the above designations, in accordance with the rule 4.9.b), the applicant makes all of the designations that would be authorized under the PCT, except any designation indicated in the supplemental framework as being excluded from this declaration. The applicant declares that these additional designations are made with provision that the designation be confirmed and that any designation that is not confirmed before the expiration of the 15 months period of time, counting from the priority date, must be considered as withdrawn by the applicant at the time of the expiration date. (The confirmation (including taxes) must reach the receiving office within the 15 months time period.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: regional Office	international application: receiving Office
item 1)				
item 2)				
item 3)				
item 4)				
item 5)				

 Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this International application is the receiving Office) identified above as:

all items item (1) item (2) item (3) item (4) item (5) other, see Supplement Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / ...QEB...

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)	Number	Country (or regional Office)

Box No VIII DECLARATIONS

The following declarations are contained in Boxes No. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:
<input type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (Only for the purposes of the designation of the United States of America)	:
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:		This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):		Number of items
(a) on paper, the following number of sheets:		1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> original separate power of attorney 3. <input type="checkbox"/> original general power of attorney 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: 5. <input type="checkbox"/> statement explaining lack of signature 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 7. <input type="checkbox"/> translation of international application into (language): 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 9. <input type="checkbox"/> sequence listing in electronic form (indicate type and number of carriers)		
request (including declaration sheets)	: 4			
description (excluding sequence listing and/or tables related thereto)	: 13			
claims	: 4			
abstract	: 1			
drawings	: 2			
Sub-total number of sheets	: 24			
sequence listing	:			
tables related thereto	:			
(for both, actual number of sheets if filed on paper, whether or not also filed in electronic form; see (c) below)	:			
Total number of sheets	: 24			
(b) <input type="checkbox"/> only in electronic form (Section 801(a)(i))		10. <input type="checkbox"/> tables in electronic form related to sequence listing (indicate type and number of carriers)		
(i) <input type="checkbox"/> sequence listing		(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)		
(ii) <input type="checkbox"/> tables related thereto		(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		
(c) <input type="checkbox"/> also in electronic form (Section 801(a)(ii))		(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column		
(i) <input type="checkbox"/> sequence listing				
(ii) <input type="checkbox"/> tables related thereto				
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		11. <input type="checkbox"/> other (specify):		
<input type="checkbox"/> sequence listing:				
<input type="checkbox"/> tables related thereto:				
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)				

Figure of the drawings which should accompany the abstract: Figure 2

Language of filing of the international application: FR

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Daniel David

For receiving Office use only					
1. Date of actual receipt of the purported international application:			2. Drawings:		
<input type="checkbox"/> received:			<input type="checkbox"/> not received:		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:					
4. Date of timely receipt of the required corrections under PCT Article 11(2):					
5. International Searching Authority (if two or more are competent): ISA /			6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

See Notes to the request form